

| | | | | | | | | | | |
|--|------|---|--|---|----------------------------|---|--|---|--|--------------------|
| SOLICITATION, OFFER AND AWARD | | | | 1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350) | | RATING | | PAGE OF PAGES 1 53 | | |
| 2. CONTRACT (Proc. Inst. Ident.) NO. | | 3. SOLICITATION NO. S-NI500-11-R-0001 | | 4. TYPE OF SOLICITATION [] SEALED BID (IFB) [x] NEGOTIATED (RFP) | | 5. DATE ISSUED 12/09/2010 | | 6. REQUISITION/PURCHASE NO. | | |
| 7. ISSUED BY U.S. Consulate General - Lagos 2, Walter Carrington Crescent Victoria Island Lagos | | | | CODE | | 8. ADDRESS OFFER TO (If other than item 7) | | | | |
| NOTE: In sealed bid solicitation "offer" and "offeror mean "bid" and "Bidder". | | | | | | | | | | |
| SOLICITATION | | | | | | | | | | |
| 9. Sealed offers in original and <u>1</u> copies for furnishing the supplies or services in the Schedule will be received at the place specified, in the depository located in until _____ local time (hour) 1200 hours (date) Thursday January 13, 2010 CAUTION - LATE Submissions, Modifications, and Withdrawals: See Section L. Provision No. 52.215-1 Deviation. All offers are subject to all terms and conditions contained in this solicitation. | | | | | | | | | | |
| 10. FOR INFORMATION CALL: | | A. NAME Ogochukwu P. Ikpo | | B. TELEPHONE (NO COLLECT CALLS) AREA CODE NUMBER EXT 234-1- 460-3489 | | | C. E-MAIL ADDRESS Ikpopo@state.gov | | | |
| 11. TABLE OF CONTENTS | | | | | | | | | | |
| (x) | SEC. | DESCRIPTION | | PAGE(S) | | (x) | SEC. | DESCRIPTION | | PAGE(S) |
| PART I - THE SCHEDULE | | | | | PART II - CONTRACT CLAUSES | | | | | |
| X | A | SOLICITATION/CONTRACT FORM | | 1 | | X | I | CONTRACT CLAUSES | | 22-29 |
| X | B | SUPPLIES OR SERVICE AND PRICES/COSTS | | 2-7 | | PART III - LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACH. | | | | |
| X | C | DESCRIPTION/SPECS/WORK STATEMENT | | 8-12 | | X | J | LIST OF ATTACHMENTS | | 30-35 |
| X | D | PACKAGING AND MARKETING | | 13 | | PART IV - REPRESENTATIONS AND INSTRUCTIONS | | | | |
| X | E | INSPECTION AND ACCEPTANCE | | 14-15 | | X | K | REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF OFFERORS | | 36-47 |
| X | F | DELIVERIES OR PERFORMANCE | | 16 | | X | L | INSTRS., COND., AND NOTICES TO OFFERORS | | 48-51 |
| X | G | CONTRACT ADMINISTRATION | | 17 | | X | M | EVALUATION FACTORS FOR AWARD | | 52-53 |
| X | H | SPECIAL CONTRACT REQUIREMENTS | | 18-21 | | | | | | |
| OFFER (Must be fully completed by offeror) | | | | | | | | | | |
| NOTE: ITEM 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period. | | | | | | | | | | |
| 12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (120 calendar days unless a different period is inserted by the offer) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule. | | | | | | | | | | |
| 13. DISCOUNT FOR PROMPT PAYMENT SEE 14 (See section I, Clause No 52.232-8) | | | | 10 CALENDAR DAYS % | | 20 CALENDAR DAYS % | | 30 CALENDAR DAYS % | | CALENDAR DAYS % |
| 14. ACKNOWLEDGMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the solicitation for offerors and related documents numbered and dated: | | | | AMENDMENT NO. | | DATE | | AMENDMENT NO. | | DATE |
| | | | | M0001 | | | | M0002 | | |
| | | | | | | | | | | |
| 15A. NAME AND ADDRESS OF OFFEROR | | CODE | | FACILITY | | 16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print) | | | | |
| 15B. TELEPHONE NO. (Include area code) | | 15C. CHECK IF REMITTANCE ADDRESS [] IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS | | | | 17. SIGNATURE | | 18. OFFER DATE | | |
| AWARD (To be completed by Government) | | | | | | | | | | |
| 19. ACCEPTED AS TO ITEM NUMBERED | | 19. AMOUNT | | 21. ACCOUNTING AND APPROPRIATION | | | | | | |
| 22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: [] 10 U.S.C. 2304(c)() [] 41 U.S.C. 253(c)() | | | | 23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified) | | | | ITEM | | |
| 24. ADMINISTRATION BY (If other than Item 7) CODE | | | | 25. PAYMENT WILL BE MADE BY CODE | | | | | | |
| 26. NAME OF CONTRACTING OFFICER (Type or print) Joanny P. Yameogo | | | | 27. UNITED STATES OF AMERICA | | | | 28. AWARD DATE | | |

IMPORTANT - Award will be made on this form, or on the Standard Form 26, or by other authorized official written notice.